

**DEPARTMENT OF GENERAL SERVICES**  
**FLEET MANAGEMENT OFFICE**

**ACCIDENT REPORTING KIT**

## **GENERAL GUIDELINES WHEN INVOLVED IN AN ACCIDENT**

The Department of General Services is committed to having safe, professional drivers who use a high degree of care, common sense, courtesy, good operating skills and defensive driving techniques to protect the public and their coworkers from accidents. In the event of an accident the following should be adhered to:

1. Stop as near to the scene as is safely practical; avoid blocking traffic and otherwise minimize potential danger to others.
2. If necessary, notify appropriate emergency medical and/or fire rescue personnel.
3. Make every effort to have a police officer respond to the accident scene. The officer must be requested to make a formal report. Failure to follow this procedure **must** be fully explained in writing. (Attach to ACORD Form).
4. Provide identification to involved parties.
5. Protect State property.
6. Cooperate with police and emergency medical personnel.
7. **DO NOT ADMIT** negligence or fault or offer settlement.
8. Obtain names and addresses of witnesses/involved parties.
9. The employee should advise the claimant/attorney to contact the State Treasurer's Office - Insurance Division.
10. The State Treasurer's Office - Insurance Division personnel will instruct the claimant/attorney as to the proper procedure for filing a formal notice of claim.
11. **MAKE NO OTHER COMMENTS. VOLUNTEER NO INFORMATION.**
12. The employee must then notify appropriate agency representatives as follows:
  - a. Notify their immediate supervisor and the DGS Fleet Manager within **24 hours**.
  - b. Complete a **Motor Vehicle Investigation Guide (FS-1) Form** and an **ACORD Form** within **48 hours** of the accident and have it reviewed by their Supervisor within **72 hours** of the accident.
  - c. Forward the **Motor Vehicle Investigation Guide (FS-1) Form** and **ACORD Form** to the DGS Fleet Manager within **96 hours** of the accident.

- d. Obtain a copy of the Police Report and forward to the DGS Fleet Manager when available. Police reports can be obtained within 5 to 10 business days from the date of the accident.
- e. **If the accident involved serious bodily injury or death, the driver must report the accident within 4 hours by telephone to the State Treasurer's Office - Insurance Division at (410) 260-7684 and to the DGS Fleet Manager at (410) 767-4257 or (410) 767-4993. Follow the telephone report with a written report (ACORD Form) to the State Treasurer's Office - Insurance Division.**

All accidents involving State vehicles will be referred to the DGS Accident Review Board. The circumstances will be reviewed to determine if the accident was preventable, the driver of the State vehicle could be sanctioned by the Board through the "Driver Corrective Action Program."

## **INSTRUCTIONS FOR COMPLETING THE ACORD FORM**

When a State vehicle is involved in an accident, and **ACORD Form** must be completed. If more than two (2) vehicles or two (2) injured parties are involved, use additional ACORD forms as necessary.

**THE PROMPT, ACCURATE, AND COMPLETE REPORTING OF ALL ACCIDENTS IS MANDATORY. Do not delay or hold up reporting the accident pending receipt of the police accident report.**

The ACORD Form (attached) is easy and simple to complete. While all information is important - please be sure the following areas have been completed before submitting to the DGS Fleet Manager:

1. Date and time of loss.
2. Agency Name and State Agency Appropriation Code.
3. Agency Telephone Number.
4. State Vehicle Identification (serial) Number and State License Plate (tag) number.
5. Name, address and home telephone number of State Employee driver.
6. All available information on damage to other property (description, name, address, telephone numbers, age, **extent of injury** whether or not transported to a hospital, name of hospital, etc.).

Identify all witnesses to the accident. Give names, addresses and telephone numbers. It is imperative that all pertinent information be given. Prompt, accurate and complete information is essential to fast claim adjustments.

Reports of accidents are to be submitted even if the party, individual(s) involved indicate they were not injured and no damage was done.

**INSTRUCTIONS FOR COMPLETING  
MOTOR VEHICLE ACCIDENT INVESTIGATION GUIDE (Form FS-1)**

The Motor Vehicle Accident Investigation Guide should be completed by the driver within 48 hours of the incident and reviewed by the driver's supervisor for accuracy and completeness with 72 hours.

Fill in the State Agency which is the Department of General Services. Agency Code Number is 28.01.01

1. Fill in Drivers' complete name, including middle initial
2. Enter agency sub-unit
3. Enter Driver's Classification
4. Date and Time of Accident
5. Enter State Vehicle Tag Number
6. Enter number of preventable accidents in State vehicles the driver has had within the last two (2) years.
7. Current number of points on drivers' Motor Vehicle Administration record.
8. Describe in simple terms weather conditions at time of accident, i.e., raining, snow, dry, sunny, etc.
9. Indicate whether State or local law enforcement agencies were on the scene and results as to citations.
10. Indicate injuries and occupant restraint usage.
11. Describe in simple terms exactly what took place.
12. Obtain insurance information for other vehicle at the scene, including tag number of other vehicle.

# **MOTOR VEHICLE ACCIDENT INVESTIGATION GUIDE**

(Form FS-1)

STATE AGENCY: \_\_\_\_\_

AGENCY CODE NUMBER: \_\_\_\_\_

## **TO BE COMPLETED BY DRIVER**

1. DRIVER'S NAME \_\_\_\_\_ 2. SUB-UNIT \_\_\_\_\_

3. CLASSIFICATION: \_\_\_\_\_ 4. DATE AND TIME OF ACCIDENT: \_\_\_\_\_

5. STATE VEHICLE TAG # \_\_\_\_\_ 6. NUMBER OF ACCIDENTS WITHIN LAST 2 YEARS: \_\_\_\_\_

7. NUMBER OF POINTS ON DRIVING RECORD: \_\_\_\_\_

8. CONDITIONS: (CIRCLE APPROPRIATE DESCRIPTION (S):

- |                        |                |
|------------------------|----------------|
| 1. DAYLIGHT            | 1. CLEAR       |
| 2. DAWN                | 2. CLOUDY      |
| 3. DUSK                | 3. FOGGY       |
| 4. DARK (ST. LTS. ON)  | 4. RAIN        |
| 5. DARK (ST. LTS. OFF) | 5. SNOW        |
| 6. DARK (NO ST. LTS.)  | 6. SEVERE WIND |
| 7. VEHICLE DEFECT      | 7. WET         |
| 8. UNKNOWN             | 8. ICE         |
|                        | 9. UNKNOWN     |

9. ACCIDENT INVESTIGATION INFORMATION:

- A. STATE POLICE ( ) YES ( ) NO  
B. LOCAL POLICE ( ) YES ( ) NO

C. WERE CITATIONS ISSUED TO:

- (1) STATE DRIVER ( ) YES ( ) NO  
(2) OTHER DRIVER ( ) YES ( ) NO

10. WAS STATE DRIVER/PASSENGER INJURED? ( ) YES ( ) NO  
WERE SAFETY BELT RESTRAINTS IN USE? ( ) YES ( ) NO  
IF NO, WOULD USE HAVE REDUCED INJURY? ( ) YES ( ) NO

11. DETAILED DESCRIPTION OF ACCIDENT:

---

---

---

---

**DIAGRAM:**

12. INSURANCE INFORMATION OTHER VEHICLE:

COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ TAG NO. \_\_\_\_\_

## **ACCIDENT REVIEW BY SUPERVISOR**

The Supervisor should review the FS-1 and complete the portions of Form FS-1 provided, including recommendations as to preventability. For clarification, a preventable accident is any accident in which the driver failed to do everything which reasonably could have been done to avoid it. In interpreting this, refer to Accident Definitions Guidelines which are available from the DGS Fleet Manager.

I have reviewed this accident with the driver involved and have the following additional comments:

---

---

---

---

Was this accident preventable by State driver: Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**THIS INFORMATION WILL THEN BE FORWARDED  
TO THE ACCIDENT REVIEW BOARD**

# ACORD™ AUTOMOBILE LOSS NOTICE

DATE

PRODUCER		PHONE (A/C, No, Ext):		COMPANY		NAIC CODE:		MISCELLANEOUS INFO (Site & location code)			
AGENCY CUSTOMER ID:		SUB CODE:		EFFECTIVE DATE		EXPIRATION DATE		DATE OF ACCIDENT AND TIME		AM	PREVIOUSLY REPORTED
										PM	YES NO

<b>INSURED</b>		<b>CONTACT</b>		<b>CONTACT INSURED</b>	
NAME AND ADDRESS		SOC SEC # OR FEIN:		NAME AND ADDRESS	
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No)	
				BUSINESS PHONE (A/C, No, Ext)	

<b>LOSS</b>	
LOCATION OF ACCIDENT (Include city & state)	AUTHORITY CONTACTED: REPORT #:
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)	

<b>POLICY INFORMATION</b>						
BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTC DEDUCTIBLE	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc)
LOSS PAYEE					COLLISION DED	
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC

<b>INSURED VEHICLE</b>									
VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE				
		MODEL:	V.I.N.:						
OWNER'S NAME & ADDRESS				RESIDENCE PHONE (A/C, No):					
				BUSINESS PHONE (A/C, No, Ext):					
DRIVER'S NAME & ADDRESS (Check if same as owner)				RESIDENCE PHONE (A/C, No):					
				BUSINESS PHONE (A/C, No, Ext):					
RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION? YES NO				
DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE					

<b>PROPERTY DAMAGED</b>	
DESCRIBE PROPERTY (auto, year, make, model, plate #)	OTHER VEH/PROP INS? YES NO
COMPANY OR AGENCY NAME:	
POLICY #:	
OWNER'S NAME & ADDRESS	RESIDENCE PHONE (A/C, No):
	BUSINESS PHONE (A/C, No, Ext):
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)	RESIDENCE PHONE (A/C, No):
	BUSINESS PHONE (A/C, No, Ext):
DESCRIBE DAMAGE	ESTIMATE AMOUNT
	WHERE CAN DAMAGE BE SEEN?

<b>INJURED</b>					
NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE
EXTENT OF INJURY					

<b>WITNESSES OR PASSENGERS</b>			
NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH
OTHER (Specify)			

<b>MARKS (Include sticker assigned)</b>			
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER